The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carryduff Nursing Home

Provider: Spa Nursing Homes Ltd

Date of Inspection: 14 April 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Spa Nursing Homes Ltd
Responsible Individual:	Mr Christopher Philip Arnold
Registered Manager:	Mrs Jinu Mathew
Service Profile – This home is a registered nursing home which provides general nursing care for up to 23 patients over and under the age of 65 years. Patients' bedrooms are located over two floors and patients have access to communal social and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 14 April 2025 from 9.45am to 5.10pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 7 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led. However, improvements were required in relation to daily evaluation of care, cleanliness of the environment and equipment and with food/fluid intake records.

As a result of this inspection one area for improvement will be carried forward for review to the next inspection and all remaining areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Full details, including the new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Patients said that living in the home was a good experience and relatives were complimentary of the care delivered in the home. Refer to Section 3.2 for more details.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included, "It is very nice here. The staff are all good; nothing wrong at all," and, "It's alright here. The staff are nice". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives consulted during the inspection were complimentary in regards to the care their loved ones were receiving. One told us,"The care is very good. We have no complaints at all". We received no questionnaire responses from patients or visitors.

Staff told us that they were happy; there was enough staff on duty to provide care and they felt that they worked well together and were supported by management to do so. There were no responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role. Staff told us that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff meetings were held quarterly and minutes were maintained of the meetings for reference and for staff unable to attend to read and update on any changes or decisions made.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Care plans were updated and information shared well when changes to nutritional requirements were made. Patients were safely positioned for their meals and the mealtimes were well supervised. Food served appeared appetising and nutritious. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. An area for improvement was identified to ensure that food and fluid intakes were recorded accurately where a risk of weight loss or dehydration had been identified.

An activities planner was available for review. Staff were observed engaging with patients in activities, such as, Jenga and assisting with jigsaws. Activities were conducted in groups and/or on a one to one basis depending on patients' preferences. Activity engagement records were maintained for each patient.

Relatives told us that staff communicated well with them and were positive in describing their loved one's care. One told us, "The staff are very respectful and keep us up to date at all times".

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Care records were stored securely.

Supplementary care records were maintained to evidence personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Several daily nursing evaluations of care delivery during the shift had been completed half way through the day; there were no additional entries to evidence the care delivered later in the day. This was identified as an area for improvement. Other ways of enhancing the recording of evaluations was discussed with the manager.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Refurbishment was in progress on the day of inspection where bedroom furnishings were being replaced. Five rooms had been identified for replacement flooring and a redecoration plan was in place. However, an area for improvement was identified in relation to the effective cleaning of floors in the home.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control audits were completed to monitor the environment and staffs' practices. Personal protective equipment was readily available throughout the home. Although, a number of shower chairs and commodes in use were found to be rusting or had not been cleaned effectively. This was discussed with the manager and identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jinu Mathew has been the Registered Manager in this home since 12 August 2024. Staff commented positively about the manager and described her as supportive, approachable and always available to provide guidance. The manager was supported by the deputy manager.

In the absence of the managers there was a nominated Nurse-in-Charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	5*

*The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jinu Mathew, Registered Manager and Linda Graham, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)

Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** Immediate and ongoing (7 October 2024)	The registered person shall ensure that accurate records are maintained for all medicines received. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect (14 April 2025)	The registered person shall ensure that accurate records of food and fluids consumed by patients are maintained where this is required. Ref: 3.3.2
	Response by registered person detailing the actions taken: he Registered Manager has addressed this with all the staff and reminded about the importance of accurate recording of food and fluids for residents at risk of weight loss. The Registered Manager has implemneted a new record to ensure nursing staff have oversight and this will also aid for nursing staff to reflected this in daily progress records.The Registered Manager will continue to monitor this area..
Area for improvement 3 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect (14 April 2025)	The registered person shall ensure that nursing staff evaluate daily care in a meaningful manner that is person centred. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager has addressed with nursing staff about accurate, person centered and meaningful evaluations of daily care and the manager will continue to monitor this.

Area for improvement 4 **Ref:** Standard 44 (1) **Stated:** First time **To be completed by:** With immediate effect (14 April 2025)	The registered person shall ensure that the flooring in the home is cleaned effectively. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has addressed with the domestic staff and amended the cleaning schedule. The manager will continue to monitor this and do routine checks on her daily walkarounds. Older flooring is to be replaced over the next 6 months.
Area for improvement 5 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 31 May 2025	The registered person shall ensure that shower and commode chairs in use are maintained clean and can be cleaned effectively. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has addressed this with all staff and reminded to clean the shower chairs/ commodes thoroughly after use. New commodes to be purchased to replace old ones. The manager will continue to monitor that commodes are cleaned and maintained properly.

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